

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/509603	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	0	0				
5						
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9	0	0				
10	4	0				
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TOTAL IND.	/					
TOTAL DEP.	—	→	→	→	→	→
TOTAL CLAIMS	/					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL DEP.		→	→	→	→	→	→	→
TOTAL CLAIMS								